### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY West Virginia COUNTY MARYLAND Gerrett Preston CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Oakland Aurora d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE Garrett ON A FARM? County Memorial Hospital YES NO NAME OF 4. DATE Middle Month Year DECEASED 1967 April DEATH (Type or print) Robert EThan Allen 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH WIDOWED T DIVORCED | Male White popers. June 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS deoth. during most of working life, even if retired) Education Morgantown, West Va. USA School Teacher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert E. Lee Allen Katharine Protzman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 546-09-3634Kathryn Scott Allen. Aurora, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 효 PART 1. DEATH WAS CAUSED BY: Cerebral Vascular Accident DUE TO Chronic Brain Sundrome permit. Conditions, if any, which been signed gove rise to immediate DUE TO couse (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY remayal, PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour a. m. While Not while of work of work 21. I certify that I attended the deceased from. ... 19\_\_\_\_that I last saw the deceased detoched and that death occurred at 6/45P M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE 25 Alder Street pe Q prior 3 should PHYSICIAN'S registror Maryland Baumgartner. MdD. Oakland Garrett NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

Aurora Cemeterv

Kingwood. W. Va.

**ADDRESS** 

22d. LOCATION (City, town, or county)

Aurora,

240. REC'D BY REGISTRAR

DATE APR 1 4 '61

(Stote)

West Virginia

24b. REGISTRAR'S SIGNATURE

Cirthun S. Kraus

may be retained by FUNERAL DIREC. page 10 VS A15 (4) 15M 10/57

Burial (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Anna Jane Williams

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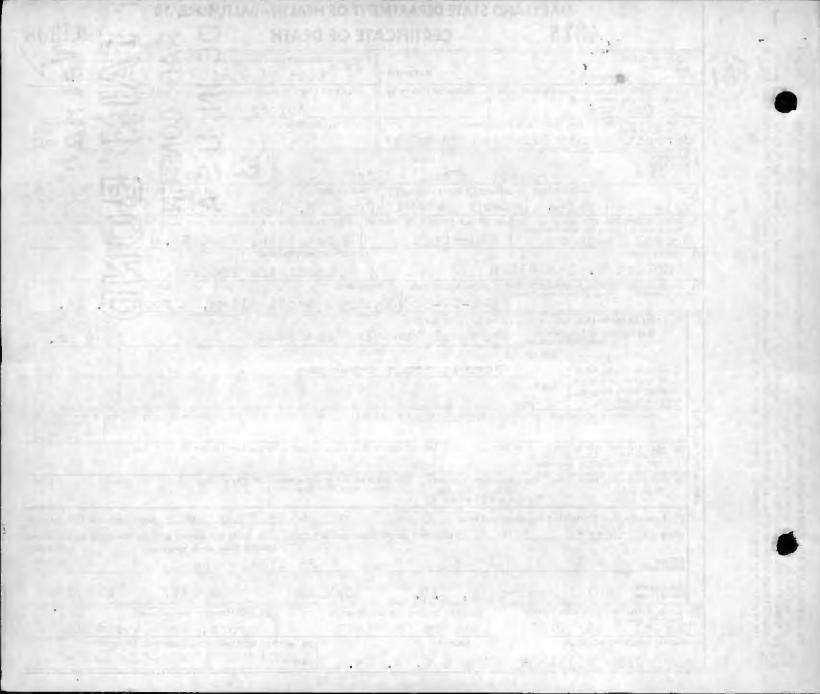
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physician.

hos

certificate



**BALTIMORE 1. MARYLAND** Division of STATISTICAL RESEAR FOR STATE USUAL RESIDENCE (Where decreesed lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY Page a. STATE MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest lown) for your of Jennings Board ENNINGS ήP d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) . IS RESIDENCE ON A FARM? in pencil in ferm 18. Give Pages 1, 2, and 3 to the funeral office along with form PM3. Page 5 may be retained to unial-transiti permit. File pages 1 and 2 with the State Boowal, and in any event within 72 hours after death. own home YES NO 3. NAME OF 4. DATE Middle Last Month Day Year DECEASED OF (Type or print) 154 DEATH 19 00 OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit, File pages I am done during most of working life, even if retired? ARMER ITTINGER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unknown) ( (If yes give we ror dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudded IMMEDIATE CAUSE (a) **DUE TO** removal, Conditions, if any, which {b} gave rise to immediate cause "pending" 10 Examiner's DUE TO (e), steting the underlying SES cause last. be used cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be NO K 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) fectory, street, office bldg., etc.) 0 While Not While Hour a.m. et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion designated agent, death resulted from: Natural ceuses X Suicide Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL DEPUTY ME ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) teaster UK Address (Street, city, town, or county) OAK. 228. BURIAL CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country (Stete REMOVAL (Specify) 0 0 <u>a</u> **ADDRESS** 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. ATSME DATE APR 2 8 '61 5M 7/59 arthur & trues

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4317

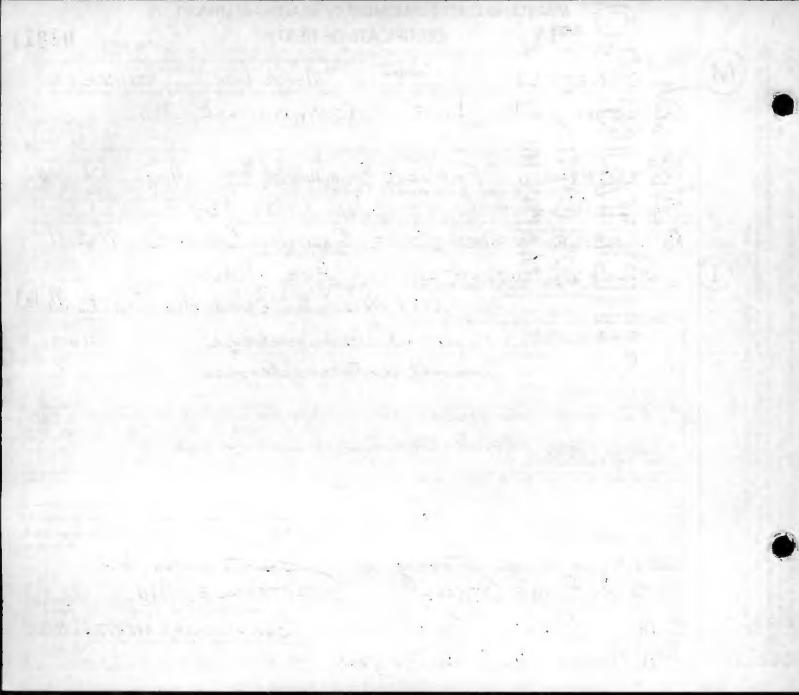
**CERTIFICATE OF DEATH** 

Rea. Dist. No.

04310

1. PLACE OF DEATH o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryl		b. COUNTY	Garreti		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF	outside corporate	limits, write R	URAL and give ne	arest town}	
Hoves	35 yrs.	Hoves					
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS				e. IS RESIDENC ON A FARM YES NO	45
3. NAME OF DECEASED (Type or print) Elsie	Middle Belle Bre	lost enneman	4. DATE OF DEATH	April	th D	y Yeor	1
5. SEX 6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH					
Female White WIDOWE		August 24.	1902	AGE (In years last birthday) 58 yrs.	Months Days	Hours Mi	
10o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	e or foreign coun	lry]	12. CITIZEN	OF WHAT COU	NTRY
	wn Home	North Gl	ade. M	arvlan	d USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN		4			
Salem Lee		Elizabe	th Lin	scomb			
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. N	NFORMANT	012	Addr	1851		
[Yes, no. or unknown] [If yes, give wer or date of service)	none Au	brey Brenn	eman	Hoy	es, Mar	ryland	
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	lyocand icul	1	ion		INT	ERVAL BETWEEN SET AND DEAT	Z H
Conditions, if ony, which gove rise to immediate course (a), stoting the under:    Variable   Varia	pentensio		OCCIO E	ONDITION GIV	EN IN PAST IO	10 y m	PSY
Rheum Atold Ant	mitis	THE TERM	more disease co	5142111514 511	EN III PARTIO	PERFORMED	?
OR CONTRIBUTING   CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II	of item 18.)			
Hour o. m. While	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for story, street, affice bldg., etc.	m, 20f. (City of	fown)	(County)	(SI	ole)
21. I certify that I attended the decease alive an 30 Apr 19 Actual SIGNATURE PHYSICIAN'S NAME (Type)				he causes a	nd on the do		ave
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION	N (City, town, o	y county)	(Stote)	
Burial 5/3/61	Oakland Cen	neterv	Oakla		Marv		
23. FUNERAL DIRECTOR'S SIGNATURE Leveld N. Minnich	ADDRESS	24a. REC	O BY REGISTRAF AY 4 '61	24b. REGIS	itrar's SIGNATU	RE	

CERTIFICATE DE DEATH



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director,	Lad milks
d in by the full of	John Latte at himsely & Lane
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by	6
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filled	Donne 1
stely.	9
completely	Same and

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate lie executed within 24 hours after death. Page a may be retained by sospital or ottending physician.

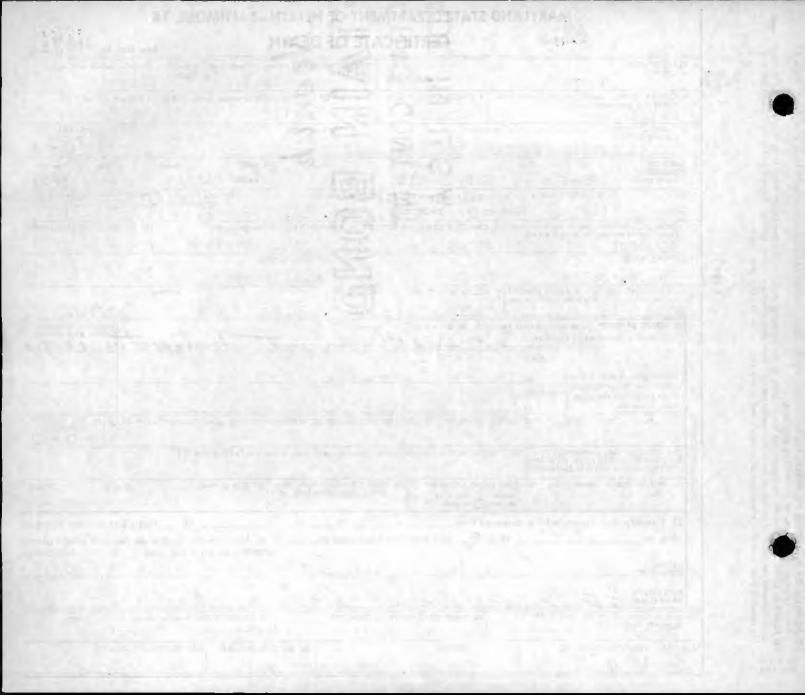
TO FUNERAL DIRECT. After this certificate has been signed by the ottending physician and completely filled in by the full director. O FUNERAL DIRECT. After this certificate has been signed by the ottending physician and can page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4319 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

Reg. Dist. No. ()4312

1	1, PLACE OF DEATH					2. USUAL RES	DENCE (WI	here deceased	lived. If institut	ion: Residence i	before adr	nission)
)	o. COUNTY	Garrett		MARYLA	AND	o. STATE	Maryl	and	b. COUNTY	Garre	ett	
	b. CITY OR TOWN ( RURAL and give n	If outside carparate limi	ts, write	c. LENGTH OF STAY IN	ч 1Ь -	c. CITY OR	TOWN (If	outside corpor	ote limits, write l	RURAL and give	negrest k	own)
	Oakland			minutes	1	X C:	relli	in				
	d. NAME OF HOSPI	TAL (If not in hospital, g	ive street	oddress)		d. STREET	ADDRESS					RESIDENCE
Ó	Garrett C	County Men	oria	al Hospita	1	1						NO I
	3. NAME OF DECEASED	Fir	31	Middle		Lo	st	4. DATE	Me	nth	Day	Year
	(Type or print)	Sheila		Marguerite		Colaw		OF DEATH	April		16	19 61
	S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	<b>⊠</b> B.	DATE OF BIRT	H		9 AGE (In years last birthday)			-
	Female	White	WIDOW			Sept.	16.	1948	12 yrs.	Months Do	ys Hou	rs Min.
	10a. USUAL OCCUPATIO	ON (Give kind of work a king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHP	LACE (State	or foreign co	untry)	12. CITIZE	N OF WH	AT COUNTRY
	Student		'   :	School		Cre	llin.	Mary	rland	USA	A	
	13. FATHER'S NAME					14. MOTHER'S				0.50	_	
7	Don R.	Colaw				Held	ana A	Ashby				
7	15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT	o liet I	ABIID'S	Ade	lress		***
	(Yes, no. or unknown)	(III yes, give war or dates of s	ervice)		r	0 m D	Colo	v *.P			2	. 3
	no I			none	L 1	on R.	Cola	L W	Crelli	n, Mar	yaaı	10
		_	usa per li	ne for (o), (b), and (c).]	OF	- >		1	7 ~	. /	INTERVAL ONSET AN	ND DEATH
	PARI I. DEA	TH WAS CAUSED BY:	12	received a	LIN	erly	dans	17 C	trans	metre	2 /	24/2
	1/54.	5 DUE TO		11-		0		1	U			1
	Conditions, if a	ny, which ) (6	1	Brial M	3-2-2	1						
П	gove rise to i	mmediate (	1									
Н	lying couse lost.	the <u>under-</u>	1									
	Z PART II. OTI			ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERM	INAL DISEASE	CONDITION OF	VENI INI PART 14	110 WA	S ALITOPSY
	PART II. OTI					O' KEENIED I	) IIIE / ER/01	HAVE DIRECTE	CONDITION OF	ACIA NA LWEL I	PER	FORMED?
	200. ACCIDENT W	C DIAIVERSOLALI 24	205 DEC	COIDE HOW INJUING OCC	CHOOLO	ar .			H 7 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		YES	□ NO □
1	OR CONTRIBUTING	CAUSE OF DEATH	200. DES	CRIBE HOW INJURY OCC	URKED.	(Enter noture o	er injury in i	ran For Port	II of item IB.)			
2		MEDICAL EXAMINER										
	20c. TIME OF INJUR	Y Month, Doy, Yes	while	NJURY OCCURRED 20	De. PLAC	E OF INJURY I	Home, form	20f. (City	or town)	(Cou	nty)	(State)
	p. m.	19		k ot work		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, and	"				
	21. I certify th	at I attended the	deceas	ed from	2/2	4. 19.53	to	4/16	1961	/ that I las		
	alive on	10/4	10 /	o, and that d	Zath a	/	61701	2 4 5				
	unive on		11/2	err, and mai a	eath c	ccurrea ai			the causes		date st	
-	ACTUAL	1.5.1	In.	2		(P)	and	ADDRESS (SI	eet, city or town,	state)	1-	DATE SIGNED
	SIGNATURE	Sept.	860	cac	M.	D	000	un	TAK	4	las	2140
	PHYSICIAN'S NAME (Type)	F. Man	CE	M.A.		0	a KI	and	Man	\$100	1	/
-	220. BURIAL, CREMATIO	N. 22b. DATE THEREO	-	100 11115 05 71155			1-1-1-1-	4/19/1		114114		
	REMOVAL (Specify)	1. /3 o / Ca	•	22c. NAME OF CEMETE				1	ON (City, tower.			tate)
	Burial	14/19/61			eme	tery		Oakla		Maryl		
	23. FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS			24a. REC'I	D BY REGISTR	AR 24b. REGI	STRAR'S SIGNA	TURE	
	Jerosa /	1. 1/ Unnic	M	Oakland.	Ma	ryland	DATE	PR 2 4	61.	Tallun 8	House	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Garrett MARYLAND Maryland Garrett CITY OR TOWN (If autside carparate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give negrest town) Kitzmiller mos. Oakland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO Garrett County Memorial Hospital NAME OF Middle 4. DATE Last Month Year DECEASED OF DEATH (Type or print) April 1961 Copeland Josephine F UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years last birthday) Manths Days Hours DIVORCED [ WIDOWED [ White yrs. Famale 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Home Kitzmiller, Maryland United States Housewi fe 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Joseph Jenkins Bessie Swauger 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address -05-5083 Husband: James R. Copeland, Kitzmiller, Md. 18 CAUSE OF DEATH [Enter only one cause per time for (a) /(b), and (c).] INTERVAL BETWEEN ONSET-AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Canditians, if ony, which (b1 gave rise to immediate DUE TO couse (o), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTASE WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of stem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (State) Doy, Year (County) factory, street, office bldg., etc.) While o. m Not while ot wark ot wark 21 I certify that (1) (this hospital) attended the deceased from Dec . 26, 1060 April sow the deceased olive on April 1961 ond that death occurred a . 45MA from the causes and on the date stated above. 226 SIGNATURE ATTENDING PHYS. MED DIRECTOR STAFF PHYS M.D 22c. PHYSIC AN'S 22d. ADDRESS NAME (Type Oakland, Maryland Andrew E. Mance M. D. DATE THEREOF 23d. LOCATION (City, town, ar county) 23a. BURIAL, CREMATION, 23b 23c NAME OF CEMETERY OR CREMATORY (State) Va. I.O.O.F. Cemeterv 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250 REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Mildred Sharpless

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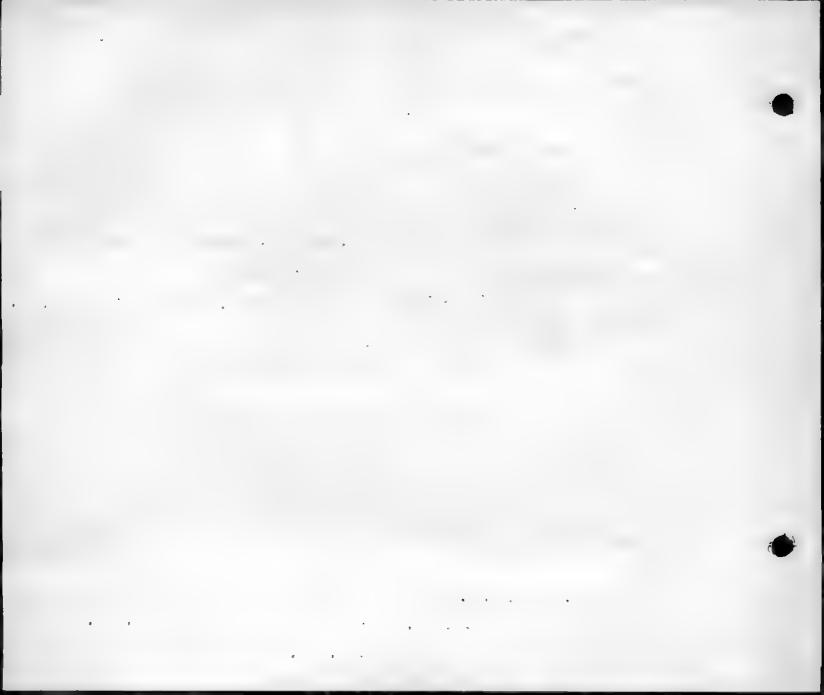
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1, P	LACE OF DEATH	ırrett	MARYLAND	2. USUAL RESIDENCE (WE MAI'Y LAND		ortion: Residence before admission)  TY  Garrett.
b	RURAL and give ne		c LENGTH OF STAY IN 16			e RURAL and give nearest tawn)
_		akland	3 Days	To Mar	max Gorman	
_	OR INSTITUTION	At (If not in haspital, give stree unty Memorial H		P.O. Gorma	nia, W. Va.	o IS RESIDENCE ON A FARM? YES NO
3. N	NAME OF DECEASED	First	Middle	Last	OF	Nanth Day Year
(	Type or print)	Thomas	Nelson	Dignan	DEATH Apri	
5 5			RRIED NEVER MARRIED	B DATE OF BIRTH	1898 9. AGE (In year	Manths Days Haurs Min.
	Male	White WIDOV		December 26,	74674 0% A	
	during mast of work	ing life, even if retired)	KIND OF BUSINESS OR INDU			12 CITIZEN OF WHAT COUNTRY?
		oal Miner S	oft Coal Min		Maryland.	United States
3. F	FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME	
	I	dignan. James H	aves	Kaylor	Amanda	
	MAR DECEACED SHE	O INTEL C ABUSED CODESCO IN	COCIAL SESSIBITY NO. 137 H	NFORMANT Wife	A	ddress
	no or utilinown)	(If yes, give wor or dates of service)	32-09-6189		Commond	- 17 37-
=3				Vera Dignan	(TO) VIJETOE	a, W. Va.
П		TH [Enter anily one cause per TH WAS CAUSED BY: 76.6	line far (a), (b), and (c).			INTERVAL BETWEEN
ATION	* .	the under (c) Rhuier SIGNIFICANT CONDITIONS	ngestive hear	disease	INAL DISEASE CONDITION (	O months  20 vears  GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES ☐ NO [3]
L CERTIFICATION	20a ACCIDENT WA	S UNDERLYING (20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part   ar Part    af item 18.)	10 Lul 110 Lul
MEDICAL	20c. TIME OF INJUR Haur a.m. p.m.	Whil	-1	ACE OF INJURY (Hame, forn ctary, street, affice bldg., etc		(County) (State)
	21. I certify that sow the decease	It (I) (this hospital) after $A = 13 - 6$	ided the deceosed from ond that		15 , to 4-13-6 M, from the couses	19, that (I) (we) lost and on the date stated above
	22a SIGNATURE	hentin	W.	M.D. PHYS M.D.	ED STAFF	4/13/19
	72c. PHYSICIAN'S NAME (Type)			22d ADDRESS		
	-	Dr. B. L. Gran	T.	UakLand,	Maryland	
23o I	BURIAL, CREMAT O	4/16/1961	Pope Cemet		23d LOCATION (City, fow Gorman, Gar	r. or county) (State) Crett Co., Md.
24	FLINERAL DIRECTOR	S SIGNATURE	ADDRESS Oaklan	_	D BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE

director, fi.ed with TO HOSPITAL OR ATTANDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death may be retained by the spital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the function page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

Page 4



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

4322

CERTIFICATE OF DEATH

(Stote)

SIGNED

(Stote)

1. PLACE OF DEATH

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTGarrett Maryland. **b.** COUNTY MARYLAND Garrett

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kitzmiller Kitzmiller vears d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION First Middle 4. DATE Month

e. IS RESIDENCE ON A FARM? YES NO TH NAME OF DECEASED Yeor Dov Henry Gilbert Evans DEATH April (Type or print) 61 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. 5EX B. DATE OF BIRTH ost birthdoy) Months Days Hours 65 Male White WIDOWED | DIVORCED | yrs 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retred? Retired Coal Miner Soft Coal mines West Virginia U.S.A. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Howard Evans Mary Grayson 17 INFORMANI Address 5. ARMED FORCES? 16. SOCIAL SECURITY NO.

216-10-1367 Mrs. Grace Evans Kitzmiller. Md. yes 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY day IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b)

gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost.

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS ALTOPS PERFORMED? YES NO Z

20g ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 29b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work

1942, that (I) (wet lost 21. I certify that (I) (this hospital) attended the deceased from. ond that death occurred at saw the deceased alive on from the causes and on the date stated above 220 5 GNATURE 22b. DATE

ATTENDING PHYS M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type

Kitzmiller. Maryland.

MED DIRECTOR

Ralph Calendrella 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, 23b 23d LOCATION (City, lown, or county) EMOYAL SPACIFY I.O.O.F. Cemetery

Elk Garden.

STAFF PHYS

24 FUNERAL DIRECTOR'S SIGNATURE

**ADDRESS** Oakland, Md.

250, REC'D BY REGISTRAR DATE APR 2 6 '61

25b REGISTRAR'S SIGNATURE arthur & Krans

attending please ony rhe permit burial-transit peen crematian, certificate has attending Affer detached or FUNERAL DIRECTOR Dage 3 shauld be and he State P 0

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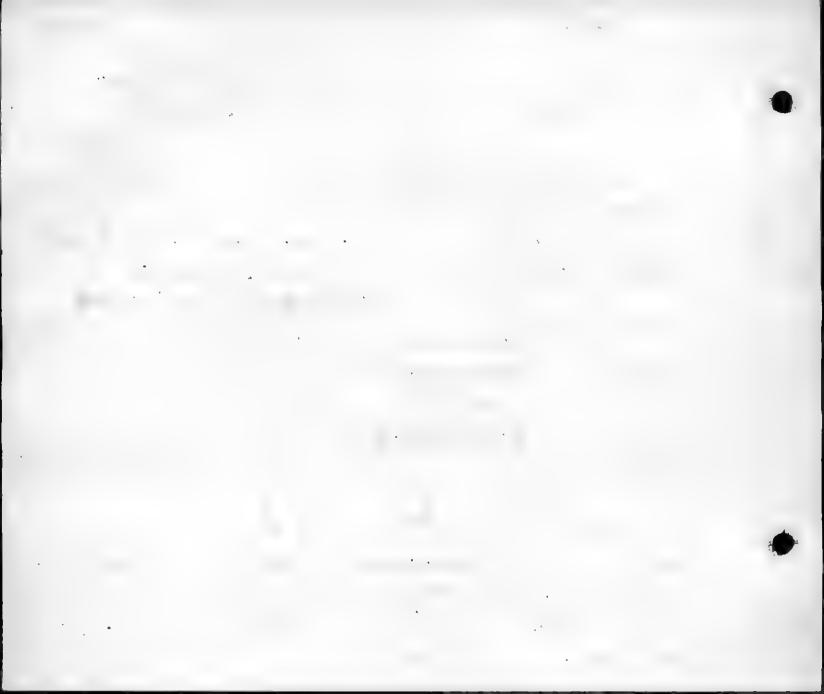
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VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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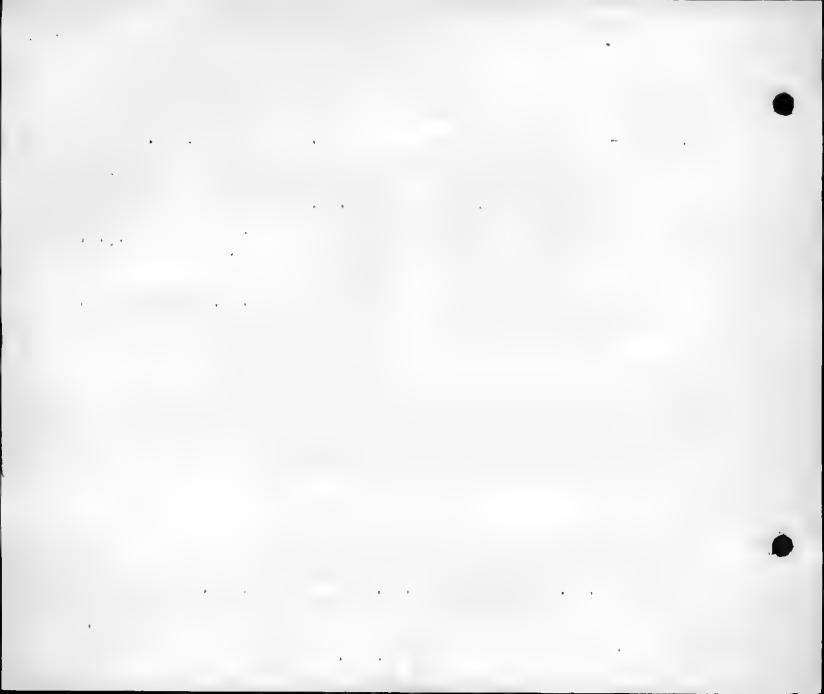
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certificate be

by and ≘. filled ges 1 o

NAME OF Middle Lost DECEASED Elizabeth Fike Susan (Type or print) 72 hours ofter death 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH completely White Female Aug. WIDOWED T-1 DIVORCED | during most of warking life, even if retired)
House work Dwn Home puo carbon 13. FATHER'S NAME physicion within Samuel Montgomery гетоме 17 INFORMANT S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO event Arlie Fike no attending please 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) the DUE TO ģ permit. Conditions, if any, which (b) baubi gove rise to immediate DUE TO cause (a), stating the underhas been si **burial-transit** lying cause lost. attending physician cremotion, 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this certificate 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 5 While Hour a.m. Not white at work ot wark  $\square$ p. m. After 21 I certify that (1) (this haspital) attended the deceased from 10 34 3 should be detached MOSPITAL OR ATT ND may be retained by PUNERAL DIRECTOR: A saw the deceased alive an M 19 0 22a 51GNATURI ATTENDING PHYS M.D 22c. PHYSICIAN 22d. ADDRESS NAME (Type) Baumgartner, M. D. 23a. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Cemetery Wolfe 0 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Oakland, Md. VR A1S (4) 1SM 9/59

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTERrett Marvland Gerrett MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Oakland. Months Rural Oakland d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE Cuppett-Weeks Nursing Home ON A FARM? Mi. S W Oakland. Md . YES NO 4. DATE Month Yeor 17, April 61 DEATH 19 9. AGE (In years IF UNDER 3 YEAR IF UNDER 24 HRS Months Doys 1877 Hours 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? U.S.A. West Virginia 14. MOTHER'S MAIDEN NAME Eliza Wolfe Address Oakland. R. D. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) (State) (County) factory, street, affice bldg., etc.) 1960 ... 19 (a.d., that (I) (we) last , ta 🕁 , and that death occurred at 2004 from the causes and an the date stated above. 22b DATE SIGNED MED DIRECTOR STAFF Oakland, Md. 23d, LOCATION (City, town or county) (Stote) near Red House, Md. 256 REGISTRAR'S SIGNATURE 2Sa REC D BY REGISTRAR DA APR 2 4 '61 arthur S. Firmers



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL R BALTIMORE 1. MARYLAND Pilm G284 1/2/61 1wk
rilm G288 - 1/2/5USI ERSPENCE (Where deceased lived, If institution residence before edmission) Items 5 PLACE OF DEATH Œ e. COLINTY **b.** COUNTY CITY OR TOWN (if outside corporale limits. c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give neerest town) for your °io RIENDSVILLE di.j Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? be refained State | YES X NO death 3. NAME OF F cst Middle 4. DATE Month Year DECEASED OF (Type or print) DEATH ANNA ELIZABETH . 19 FR TEND 5. SEX AGE (In years | IF UNDER 1 YEAR lest birthdey) and 2 wi Months WIDOWED [ DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEW 8 MO 13. FATHER'S NAME in pencil in Item 18. Give 16. SOCIAL SECURITY NO. | 17. Address (Yes, no, or unknwn) | (Ifyes give wer or detes of service) Office along with buriel-transit perm 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCARDIAL IMMEDIATE CAUSE (e) INFARCTION.\_ACUTE Minutes DUE TO removal, ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Years. Conditions, if any, which geva rise to immediate cause DUE TO (a), stating the underlying used : cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO Medical CERTIFICA should 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item IB.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. ന the Chie 2Dd. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, ) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While et work at work Prior FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ease execute the certificat should be forwarded to Inquiry and in my opinion designated agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY EKAMINER'S Address (Street, city, lown, or county) OAK NAME (Typa) FEASTER NAME OF CEMETERY OF CREMATORY DATE THEREOF 40 b ۵ A15ME Orthur S. Hrank 161 5M 7/59 DATE APR



th. Page 4

DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland Carrett
i	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pegrest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest lown)
	Oakland	10 Months	KRural Kitzmiller,
4	d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	oddress)	d. STREET ADDRESS  e IS RESIDENCE ON A FARM?
4	Oak Rest Nursing Hor	ne	AE & NO .
	3. NAME OF DECEASED (Type or print) Ge or ge	W Middle	Harvey 4. DATE OF April 12, Day Year 19 61
!	S SEX Male White Widowe		B. DATE OF BIRTH  Oct. 19, 1879  9. AGE (In yeors   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min   Months   Min   Months   Min   Min
	100. USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired)  Retired Farmer	KIND OF BUSINESS OR INDUS Or self	ITRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Maryland U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
)	John Thomas Harvey		Harriett Ellen Paugh
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 1		FORMANT Address
	no	RO	bert O. Weeks Oakland, Md.
/	18. CAUSE OF DEATH [Enter only one cause per lin  PART! DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  DUE TO  Conditions if any, which gove rise to immediate couse (a), stating the under-lying cause last.	Influer	tis - Bilateral Stays
		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
		TRIBE HOW INJURY OCCURRED	). (Enter nature of injury in Part I or Port II of (Iem 1B)
	20c TIME OF INJURY Manth, Doy, Year 20d. IN Haur a.m. While at wark	Nat while foc	ACE OF INJURY (Hame, farm, 20f (City or town) (Caunty) (Stote) tory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attend sow the deceased clive on Cyprical 22a. SIGNATURE  28c PHYSICIAN'S NAME (Type)Herbert H. Le:	11 19 4/, and that d	eath occurred ofM, from the couses and on the dote stoted abave.  ATTENDINGMEDSTAFF
	Bridge 19 19 19 19 19 19 19 19 19 19 19 19 19	Nethken Hil	
	24. FUNERAL DIRECTOR'S SIGNATURE	Oakland,	Md. 250 REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE CIVILINA S. Trans

TO HOSPITAL OR may be retained to TO FUNERAL DIREC VR A1S (4) 1SM 9/59

haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4327 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission a. COUNTY b. COUNTY MARYLAND Garrett Maryland Garrett b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) days Oakland Rural Oakland d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? Cuppett Nursing Home YES 🛄 NO 🗌 NAME OF DECEASED 4. DATE First Middle Lost Month Dev Year OF DEATH (Type or print) John David Hauser April 196 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 5. SEX B. DATE OF BIRTH Months Days Hours Male WIDOWED [ DIVORCED [ June 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Marvland USA remove carbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Jacob Hauser Margaret Roth 5 WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17. INFORMANT Address Oakland, Md. Rt. no Vernie Hauser 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 4 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO 🔽 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year (County) (Stote) foctory, street office bldg , etc.) Hour o.m. Not while of work of of work , and that death occurred at 5. A.M. from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** SIGNATURE ъ PHYSICIAN'S TO FUNERAL NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Iown, or county) (State) REMOVAL (Specify) Red House Oakland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE APR 1 8 '61 Chilmy & Thrauge VS A15 (4) DATE Davis 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edm ssion) . COUNT Garrett b. COUNTY Warvland. MARYLAND c. CITY OR TOWN (If outside corporete lim ts, write RURAL and give nearest town) b. City OR TOWN (if outside corporete I mils. c. LENGTH OF STAY IN 16 write RURAL end give nearest town)
Mt. Lake Park Lake Park. d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NOT 3. NAME OF Last Midd.a 4. DATE Month Year DECEASED (Typa or print) John Robert Hipsley DEATH April 15th. 19 67 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BRTH 9. AGE (In years (IF JNDER 1 YEAR) IF UNDER 24 HRS last birthday) Male White Oct. WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY ( 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page dona during most of working life, avan if retired)
House Painter in pencil in Item 18. Give Pages 1, Office along with form PM3. Page self employed West Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John A. Hipsley Dora Belle 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyes give wero rdatas of service) e along with fall-transit permit. 214-14-7966Mary Guth (Daughter) Baltimore, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction, acute, right. IMMEDIATE CAUSE (e) Sudden DUE TO Coronary sclerosis, right, marked. Years Conditions, if eny, which (b) gava rise lo immadiata causa **DUE TO** Cornary sclerosis, left, marked. (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19, WAS AUTOPSY Medical Ex should be PERFORMED? the word NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH rtificall, writing the ded to the Chief A 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) fectory, street, office bldg., etc. Not While et work at work please execute Thriffical, v
4 should be forwarded to the
O FUNERAL DIRECTOR: P,
or its designated agent, prior t 21. I certify that I took charge of the remains described above, held an Autopsy 🔼 Inspection 🔼 and in my opinion death resulted from: Natural causes 12 Accident 73 Suicide Homicide [ Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY DEPUTY MEDICAL EXAMINER NAME (Type) JAMES H. JR. ? M. D. Address (Street, city, town, or county) Oak . Md. 4-19-61 226, BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) REMOVAL (Specify) Oakland, Maryland. Oakland Cemetery Q40 9 Burial 23. FUNERAL DIRECTOR 24a, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. ATSME Oakland, DAMPR 2 4 '61 arthur S. Thrase 5M 7/59



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	3	323		CERTIF	ICA	TE OF DEATH	1			()	432	12
)	1 PLACE OF DEATH 0. COUNTY GAR	RETT		MARYI	LAND	2. USUAL RESIDENCE (WO. STATE MARY	here decease LAND	d lived If institute b. COUNTY	GARE		re admis	iion)
	b. CITY OR TOWN (If	outside corporate limi	ts, write c	LENGTH OF STAY		c. CITY OR TOWN (IF				-	arest town	1)
Ì	CAKI	AND	[3	MONTHS 2	O DA		STREET	, OAKLANI	D, M	3.		
1	or institution GARRETT	At (If not in haspital, g		dress) . HOSPITAL		d. STREET ADDRESS						FARM?
	3. NAME OF DECEASED (Type or print)	MARY		Middle HULDAH		LITTMAN	4. DATE OF DEATH	Mon APRII		30	,	Yeor 19 <b>61</b>
	S SEX	6 COLOR OR RACE	7. MARRIEL	NEVER MARRIE	D 🔲	. DATE OF BIRTH		9. AGE (In years lost, birthdoy)	IF UNDE		1	ER 24 HRS.
	FEMALE	WHITE	WIDOWED	DIVORCE		APRIL 4, 189	6	64 yrs	Manins	Doys	Hours	Min.
	10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if refired	1		R INDUS	TRY 11. BIRTHPLACE (Stoke	e ar foreign c	ountry)	12 CI	TIZEN OI	F WHAT (	COUNTRY?
	Telephone	^	TEL	EPHONE OP	ERAI			•		U. S	3. A.	•
	13. FATHER'S NAME	-		-		14. MOTHER'S MAIDEN						
		ARCHIBAL B				MARY ELIZ	ABETH					
1	15. WAS DECEASED EVER	I IN U. S. ARMED FOR If yes, give wor or dotes of s		CIAL SECURITY NO.		formant IZABETH WATK	INS 10	OAK ST.,		LAND	, MD	•
	18. CAUSE OF DEA	TH [Enter only one co	use per line i	for (o), (b), and (c) ]		¬ ,	*./	<u> </u>		INT	ERVAL BE	TWEEN
	Conditions, if or gove rise to in cause (a), stating (lying couse lost.	nmediole (	ne!	hetere	7	Jancorson Liner	Las D	<i>N</i>				
	PART II. OTH	-		NTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	IEN IN PA	RY 1(a) 1	PERFO	ALTOPSY DRMED?
	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY O	CCURRE	). (Enter nature of injury in	Port I or Por	f II of item 18.)				
	20c. TIME OF INJURY	Month, Doy, Ye	or 20d. INJt While at work [	Not while	20e. PLA foc	CE OF INJURY (Home, for lory, street, office bldg., et	m, 20f (City	y or town)		(County)		(Stote)
	21. I certify that saw the decease 22a s ORALURE	t (I) (this hasaital				eath occurred o	M, fram					
	22c PHYSICIAN'S NAME (Type)	DR. E. I.	BALING	ARTNER	,	ATTENDING AND PHYS 22d. ADDRESS OAKLAN	T) MAR	STAFF PHYS. □ YLAND		-	5/1/	6/
			200000	*********		CALLIMI	D PERIL					
	230. BURIAL, CREMATION REMOVAL (Specify)	5/1/61	OF :	Oakland		e crematory	23d. LOCA Oak]	TION (City, town, o	or county	**	(Sto	te)
	24 FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS			D BY REGIS	TRAR 25b REGIS			RE	
	Gerald?	7. Munn	ich c	akland,	Ma	ryland DATE	MAY 4	'61 (	Lillian	8. to	iana	

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transitipermit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial cremation, or removal, only in any event, within 72 hours after death. TO HOSPITAL OR A VR A15 (4) 15M 9/59

th. Page 4

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

haspital ar attending physician.



		EPARTMENT OF HEALTH
	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
e. (	ACE OF DEATH COUNTY  Grantt  MARYLAND  CITY OR TOWN (if outs de corporeta him is, c. LENGTH OF STAY IN ib	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission)  a. STATE West Virginia Grant  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)  2Kland  NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Rural- Gormania d. STREET ADDRESS 4Miles East on Rt. 50  8. IS RESIDENCE ON A FARM? YES NO
DE	Arrett Co.Memorial Hospital-DOA  AME OF CEASED  (Pe of print)  CHARLES  JAMES  16. COLOR OR RACE   7. MARRIED   W NEVER MARRIED	4Miles East on Rt. 50  Last  ADATE OF DEATH APRIL 23 1961  19. AGE (in yeers   F UNDER 1 YEAR   F UNDER 24 HRS.
10a, i done	Liale White WIDOWED DIVORCED STANDARD DIVORCED 105UAL OCCUPATION (Give kind of work during most of working Ilia, even if retired)	April 24, 1907 53 yrs. Months Days Hours Min.  11. BIRTHPLACE (State or fore.gn country) 12. CITIZEN OF WHAT COUNTRY?
	reman   Chercoal plant	Bayard, W.Va. U.S.A.
15, W (Yes, r	William Manks AS DECEASED EVER IN U.S ARMED FORCES? No, or unknown) (Ifyasg vewerordetasofservica) NO 212-12-8057	Anna Bell Holloway  Step-Rt.  Delphia W. Manks, Gormania, V.Va.
Co gr (a ca =	ava rise to immediate cause  1), stelling the underlying DUE TO ausa last. (c)	OCCLUSION, LEFT  SCIEROSIS WITH THROMBOSIS  OCCLUSION, LEFT  SCIEROSIS WITH THROMBOSIS
C.	08. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. ( AUSE OF DEATH.	OT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED? YES NO []  Enter neture of Injury in Part I or Part II of Item 18.)
WEDIC	Hour a.m. Whita Not White fac	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
d	X	cide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER
S	XAMINER'S JAMES H. FEASTER, JR., M.	DEPUTY MEDICAL EXAMINER April 23, 1961
	LRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, lown, or country) (State)
	durial Apr. 25/61 Lateman Ceme	Scherr, Grant Co., W. Va.

harpless Blaine, 1. Va.

DATEAPR 2 6 '61

arthur S. Krans

VS. A15ME 5M 7/59



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d but hospital ar ottending physician.	RECOLL: After this certificate has been signed by the attending physician and completely filled in by the the following	be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	ing to buriel cremation ar removal and in one event within 72 hours after death.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4331 **CERTIFICATE OF DEATH** 

Reg. Dist. No. 114324

a. COUNTY	arrett		MAR	YLAND	II o STATE	aryla		b. COUNTY	Garret		ssion
b. CITY OR TOWN (II	f outside corporate limi	ls, write	c. LENGTH OF STAY	/ IN 15	•			ote limits, write R			vn)
RURAL ond give ne Oakla			life		XO	aklar	nd.				
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET A	ODRESS				e. IS RE	SIDENCE A FARM?
4 th.	St.				4	th.	St.				NO [3
3. NAME OF DECEASED (Type or print)	Mary	st	Odell		aylor	it	4. DATE OF DEATH	April	m 19	Day	Year 1961
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARR	IED 🔲	B DATE OF BIRT	Н		9. AGE (In years lost birthday)	IF UNDER 1 YE		
Female	White	widow	ED DIVORCI	ED 🔲	Apr. 2	3. 18	368	92 yrs.	Months Day	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	one 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (Slote	or foreign co	untry)	12 CITIZEN	OF WHA	T COUNTRY?
Housewif	ing life, even if retired	0	wn Home		Oak	land.	Mar	vland	US	5A	
13. FATHER'S NAME					14. MOTHER'S			<u></u>			
Slinglet	on L. Toy	wnsh	.end		Eli	zabet	h R.	Jones			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.		0. 17. 1	NFORMANT			Add	ess		
no not unknown;	(II yes, give wor or dates of s		none	Al	onzo D	. Nav	Tlor	Oaklan	d Mar	ylar	าส
1B. CAUSE OF DEA	TH [Enter only one co						201	- 001214 0021		NTERVAL B	
	TH WAS CAUSED BY:	Λ	Augcand	ist	Inland	Nin.	4)		0	NSET AN	D DEATH
	IMMEDIATE CAUSE (o		Tyocaric	, T	2.700	CIDO	/			Zac	4
Conditions, if or	an orkink V	C	marenti	i Mi	20110	Ve	21/11			Pr	MIL
gove rise to in	mmediote (		origes 12		ncum	J	<u>u.u</u>	W - C		m.	-
couse (o), stating (	ine under-	A.	mienion	clen	rollie.	CV.	Da	rease			6 4
	JER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1/o	19 WAS	AUTOPSY
CATIC										PERF-	ORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRE	D (Enter nature o	if injury in P	ort I or Port	Il of item 18.]			
20c, TIME OF INJUR	Y Month, Day, Yes	While	NJURY OCCURRED  Not while t of work	20e PL	ACE OF INJURY ( clory, street, office	Home, form, a bldg., etc.	20f (City	or town)	(Coun	ly)	[Stole]
21 Leastifu th	at I attended the	decen	ad from 12 At	DIA	10.61	1- 10	A para.	19.61	thet I lest	anna dha	
alive on 10	Apr.		al, and that	r t death	occurred at	6150	M. from	the couses of	und on the c	ante sta	ted shave
1	700						ADDRESS (Sir	eet, city or lown,	store)		ATE SIGNED
ACTUAL SIGNATURE	AXTRON	XV	M)		Mp 77 1	hird	St.	Oakl	and	20	Nama I
V					W. D. (2-1				***		arhicer
PHYSICIAN'S NAME (Type)	B. L. (	Grai	at, .t.D.								
220 BURIAL, CREMATIO		F	22c. NAME OF CEM	NETERY O	R CREMATORY		22d LOCAT	ION (City, town, o	or county)	(Sto	ote)
Burial	4/21/6	L	Oakland		eterv				arylar		
23. FUNERAL DIRECTOR"	SIGNATURE		ADDRESS	11		24a. REC'D	BY REGISTI		TRAR'S SIGNA		
Steventor)	1. Inm	ah	Oakland	Ma	nvland	DATE	APR 25	161	Circlina S.	Finance.	

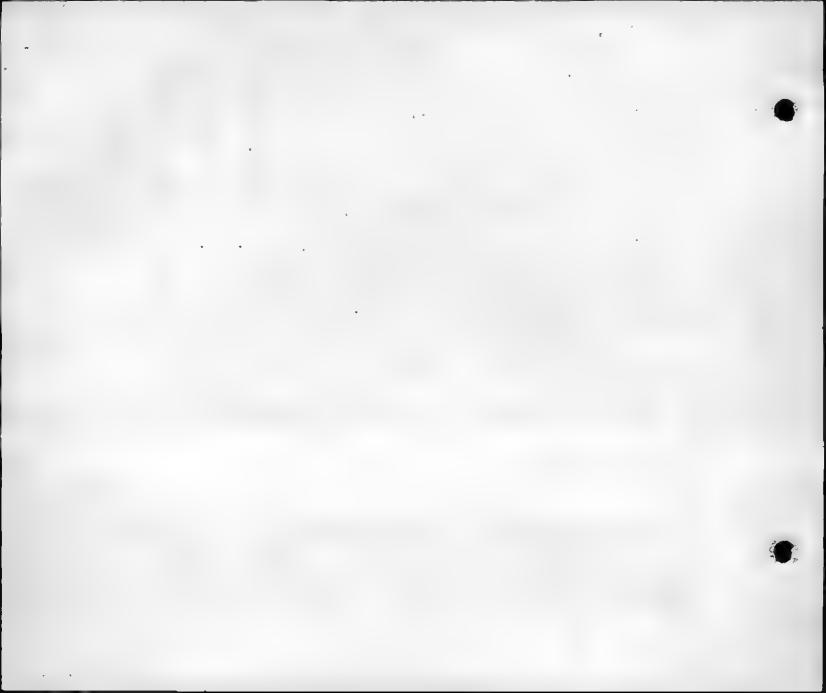
VS A15 (4) 15M 10/57



MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	CERTIFICATE	OF	DEATH	_

п.	Dist.	No.	()	4	3	4	6	

	1339		CERTII	FIC.	AIE OF D	EAIF	1		Reg. Dist. No	), () <sup>2</sup>	(A) (A)
o. COUNTY	arrett		MARYI	LAND	II a CTATE	aryl		d lived If institution b COUNTY	on Residence bef		ion)
RURAL and give no		ts, write	c. LENGTH OF STAY I	N 16	11 38			rate limits, write R	URAL and give m	carest tawl	ני
Oaklan			70 yrs.			akla	na				
or institution 2 nd S	AL (If not in hospital, $\mathfrak c$	live street	oddress)		d STREET AD		St.				FARM?
3. NAME OF DECEASED	Fi	st	Middle		Last		4. DATE OF	Man	th D	lay	Year
(Type or print)	Lillian	1	Byrne		Sincell		DEATH	Apri.	1 ]	_6	19 61
5. SEX	6. COLOR OR RACE	7 MARE	IED 🔲 NEVER MARRIE	0 🔲	8 DATE OF BIRTH			9 AGE (In years	IF UNDER I YEA	~	
Female	White	WIDOWI			Mar. 15	, 18	71	last birthday) 90 yrs.	Months Days	Haurs	Min
100. USUAL OCCUPATION during most of work Publish	ing life, even it retired	) [ _	kind of Business of Vewspaper	RINDU	STRY II BIRTHPLA				12. CITIZEN	OF WHAT	COUNTRY?
13. FATHER'S NAME	21.	1 3	de m p ha he 1		14. MOTHER'S A			va.	1 008		
Dorrid M	a mad a				Mary						
David Me 15. WAS DECEASED EVE		CES2 14	SOCIAL SECURITY NO.	17 1	NFORMANT	Dy I.	ne	Add			
(Yes. no. or unknown)	If yes, give war or dates of s	ervice}		-		+	T) 1-			3/0	E
no l	ma fo		ione		rs. Rob	ar.c	Ruck	ere va	kland,		yland
	TH WAS CAUSED BY.	use per lu	100(a). (b). and (c).		1 met al		1		10	TERVAL BE	DEATH
	IMMEDIATE CAUSE (o		orcor	24	Acr	الوري ب	rec	-		100	eg
	DUE TO		~ /		- 1	_		~			
Canditians, if a	n medicate	1-1-15	1 KILY	>	ccery	20			/-	5 271	_
couse (a), sloting		1									
lying cause last.	) (c										
ST.		DITIONS C	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO 1	HE TERMII	NAL DISEAS	E CONDITION GIV	'EN IN PART 1(o)	PERFC	AUTOPSY PRMED? NO []
T. 1	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRE	D. (Enler nature of	njury in P	art I or Par	t (I of item 18 )			
ZOC. TIME OF INJUR Hour o. m.	Y Month, Day, Ye			20e. PL	ACE OF INJURY (Hi	me, form,	20f. (City	or town)	(County	)	(State)
Hour o.m.	19	White of wor	Not while		cidiy, sireei, office i	olog., etc.	'!				
21. I certify th	at I attended the	deceas	/ ,	22	, 1955,		114	, 19.6/	.,that I last s	aw the	deceased
alive an	7//6	12.5	, and that	death	accurred at Z					ate state	ed abave.
ACTUAL SIGNATURE	25 /1	1/2	1888		M.D	Til	ADDRESS (S	treet, city or town,	state)	17 01	1 Kyya
PHYSICIAN'S NAME (Type)	E. Ma	nc.	e, M.D.	)	OA	Kla	nd,	Mary	1949-	4/	18/61
220 BURIAL, CREMAT O. REMOVAL (Specify)	N. 226. DATE THEREC	F	22c NAME OF CEME	TERY O	R CREMATORY		22d LOCA	TION (City, town, o	or county)	(Stat	e)
Burial	4/18/61		Oakland	Ce	metery		Oakl:	and, Ma	ryland		
23 FUNERAL DIRECTOR"	SIGNATURE -	:1	ADDRESS		1	4a. REC'E	BY REGIST	RAR 24b. REGIS	TRAR'S SIGNATU		
werald 1	1. Munn	ch	Oakland	47	anvland	ATE AP	R 2 4 1	61 CL	thur S. Kr	u.A	



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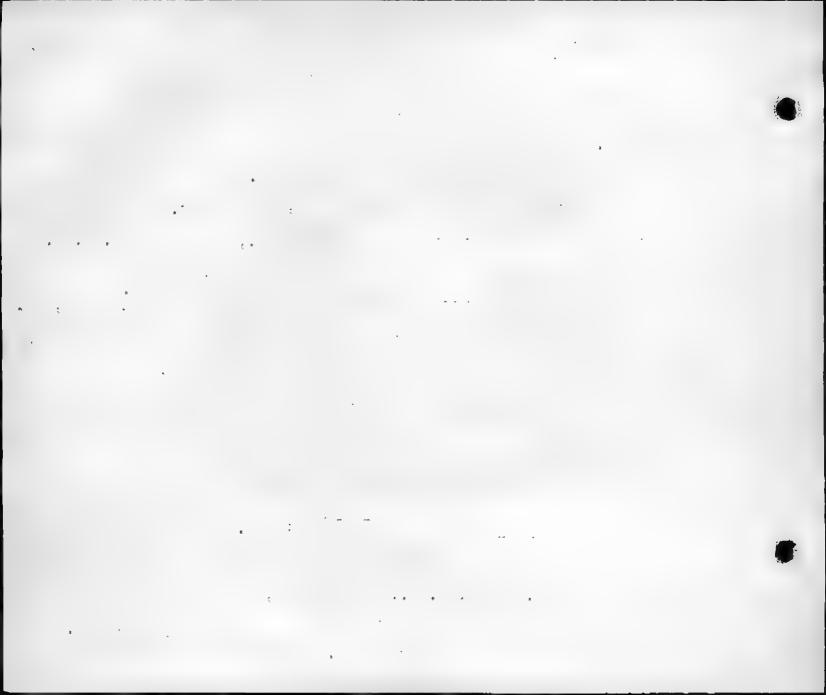
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within 24 haurs after fath: Page 4	etely filled in by the tarkal director.  Pages 1 and 2 should be filed with
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after this. Page 4	TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the lawfol director. To FUNERAL DIRECT. After this certificate has been signed by the otherwise remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.
VS 15/	A15 (4) N 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
21	CERTIFICATE	OF DEATH	

	m. sz	4334		CERTIF	FIC	ATE OF	DEATH	1		Reg. D	ist. No	. ()	432
1.	PLACE OF DEATH o. COUNTY	Garrett		MARYL	AND	TATE OF STATE	-		l lived. If instituti b. COUNTY				iion)
H	b CITY OR TOWN (If outside corporate limits, write   C IENGTH OF STAY IN 1b			Maryland Garrett  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	Mt. La	ke Park		18 yrs.		lls #	Lake			DRAG ONG	give ne	alest low	"
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION L St.			d. STREET ADDRESS  L St.					e. IS RESIDENCE ON A FARM? YES NO 🔀					
3.	NAME OF DECEASED (Type or print)	Ruth Fi	rst	Ada.	T	asker	ost .	4. DATE OF DEATH	Apr		15		Yeor 19 61
5.	SEX	6. COLOR OR RACE	7. MAR	RIED 🔣 NEVER MARRIEI	0 🗆	B. DATE OF BIRT	TH		9. AGE (In years last birthday)			-	ER 24 HRS.
	Female	White	WIDOW	ED DIVORCED		Mar. 2	21. 1	909	52 yrs.	Months	Days	Hours	Min.
10	. USUAL OCCUPA	TION (Give kind of work vorking life, even if retired	done 10b.	KIND OF BUSINESS OF	NDU			or foreign co	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
	Housewi	fe		n Home		Oa.k.	land.	Mary	land		USA		
	FATHER'S NAME					14. MOTHER		-	20110		0,022	- 1	
	Howard						Cogl	ey					
	WAS DECEASED E	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. (	NFORMANT			Add	ress			
	no		r	none	E	dward ?	Taske:	r Mt	. Lake	Par	k. J	Md.	
	1	DEATH [Enter only one control of the		ne for (o). (b). and (c).}							INT	ERVAL BE	
-	Conditions, if gove rise to couse (o), statil lying couse to:	ng the <u>under-</u>	(b) Carcinoma of liver with metastases							1 vr.			
CERTIFICATION	PAIT II.	OTHER SIGNIFICANT CON  WAS UNDERLYING  NG  CAUSE OF DEATH  OF MEDICAL EXAMINER)	DITIONS	CRIBE HOW INJURY OC						'EN IN PA	RT 1(o) 1	PERFC	AUTOPSY DRMED?
MEDICAL CE		JURY Month, Day, Ye	or 20d. Il While of wor	Not while	20e. PL fo	ACE OF INJURY ctory, street, offic	(Home, form, ce bldg., etc.)	20f. (City	or fown)		(County)		(Slate)
	21. I certify alive on ACTUAL SIGNATURE	that I attended the 14-61	deceas	1		, 19, 19 at occurred at m.o58		ADDRESS (SI	, 19 <u>61</u> I the causes of reet, city or town, Dalc., Mid	ind an i		te state	
	PHYSICIAN'S NAME (Type)	JANES H.	FE 15"	ER. JR., M.	D.				1 m = 1 m = 2 m = 2 do 10 do 1				
22		TION, 226. DATE THEREC	OF .	22c. NAME OF CEME	TERY O	R CREMATORY		22d. LOCAT	ION (City, town, e	or county)		(Stot	le)
	purial	" 4/17/6	1	Gortner	Cei	netery		Gort	ner	1	Mary	7lan	nd
23	FUNERAL DIRECTO	OR'S SIGNATURE	1	ADDRESS	-		4 -47 114 4	BY REGIST		STRAR'S SI	-	100 m. c. de c	
1	Jerald,	4. Munni	011	Oakland.	Ma.	ryland	DATE AP	R 2 4 '6	1 0	thun &	. Then	84	

CENTRICATE OF DIALTIE - 1 2 1 2 2 1

CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY b. COUNTY MARYLAND ARRETT b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) RURAL and give nearest town) AKLAND d. NAME OF HOSPITAL (If nat in haspital, give street address)
OR INSTITUTION e. IS RESIDENCE STREET ADDRESS ON A FARM? by 1 YES NO pup 4. DATE NAME OF DECEASED DEATH (Type or print) 9. AGE (In Jears IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours WIDOWED | DIVORCED [ papers. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) LABOR carban 13. FATHER'S NAME WOSEP Пауе WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) EREBROVASCHICA days DUE TO ALTERIOSCIEZOSIS Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remayal, PERFORMED? YES NO 🔼 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, affice bldg., etc.) Haur a.m. While Not while at wark at wark 19 6 that I last saw the deceased 21. I certify that I attended the deceased from P.M., fram the causes and an the date stated above. and that death accurred at\_\_\_\_\_ ACTUAL SIGNATURE ď 3 shauld PHYSICIAN'S registrar Pedro Rivera, M.D. Friendsville. NAME (Type) 22a. BURIAL CREMATION. 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY poge REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE **VS A1S (4)** 

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ASSEMBLE ASSEMBLE TO TACHESE THAN I TO BUILDING - Valid sharpened to the V Court of the Court There are a frequency from the first of the The state of the s Mile and the second of the sec Lancas Denne diameter Physical Robert - Hall March Magnet March & 2 1 7 - 6 2 cope also A STATE OF THE PARTY OF THE PAR Willy of It Swiger's Supplied to the Same Supplied will also thank to me different